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## \*BIBDATASHEET\*

CONFIRMATION NO. 5335

Bib Data Sheet

SERIAL NUMBER 10/813,259	FILING DATE 03/31/2004  RULE	CLASS 401	GROUP ART UNIT 3751	ATTORNEY DOCKET NO.
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## APPLICANTS

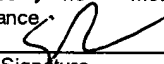
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE 	INITIALS		
Verified and Acknowledged				

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## TITLE

Portasmile toothbrush with disposable brush and ink cartridge

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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